



AUDITOR OF MARION COUNTY

JULIE L. VOORHIES

801 CITY-COUNTY BUILDING
200 EAST WASHINGTON STREET
INDIANAPOLIS, IN 46204-3316
(317) 327-3001 • FAX (317) 327-3020
TDD FOR HEARING IMPAIRED (317) 327-5186

CHIEF DEPUTY AUDITOR
MICHELE PERO

DEPUTY AUDITORS
SHIRLEY J. MIZEN
DANE MAHERN

CFO
DREW CARLSON

Dear Taxpayer/Representative:

You are receiving this letter as a result of the resolution of your appeal of a prior year's assessment.

A refund may be due to you if you have **PAID** the taxes for the tax year(s) that you filed an appeal or you will get an adjusted tax bill (known as Auditor Correction) if you have **NOT** paid the taxes for that year. Please complete the section below and the enclosed form W-9 which are necessary to process your refund. If the required information is not completed the **Marion County Auditor will not process the claim. Use this form for individuals that waive Form W-9.**

PARCEL AND CLAIMANT INFORMATION

PARCEL NUMBER(S) ON CLAIM: _____ TAX YEAR(S): _____

OWNER OF RECORD'S NAME (Print): _____

OWNER OF RECORD'S (Signature): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE #: _____

**17T CLAIM FORM AUTHORIZING THE MARION COUNTY TREASURER TO APPLY REFUND AS PAYMENT
TOWARDS CURRENT AND/OR FUTURE PROPERTY TAXES.**

_____ "Apply the refund as payment towards my current and/or future property taxes"

OR

_____ "Send the refund as a check to the authorized tax representative (attorney, CPA or POA as indicated below)"

_____ "Send a refund as a check to the above address"

**IF NOT THE OWNER OF RECORD AND YOU ARE AN AUTHORIZED REPRESENTATIVE ACCORDING
TO 52 – IAC 1-1-6 YOU MUST SUBMIT ONE OF THE FOLLOWING:**

Submit a copy of the IBTR Power of Attorney approved by the DLGF State Form 23261 _____ (Assessor initial if IBTR
POA submitted with appeal) or;

Indiana Licensed Attorney Number : _____ or;

Certified Public Accountant Number: _____ or;

If you are a court appointed, authorized representative under 52 IAC 1-2-1.1 please attach a copy of the court order.

AUTHORIZED REPRESENTATIVE (Print): _____

AUTHORIZED REPRESENTATIVE (Signature): _____

PHONE # _____

WAIVER OF FORM W-9

It is the claimant's decision to complete the W-9 form. The W-9 is required for interest income. Interest over \$600.00 in income should be reported. The W-9 must be completed to report the amount (if any) of interest income to the IRS. To waive the W-9 form interest income please, sign below.

Signature of Claimant: _____ Date: _____